



Architectural Barrier Removal Disability Verification

This form must be completed by a doctor or other medical professional, a peer support group, a non-medical service agency, or a reliable third party who is in a position to know about the individual's disability.

Applicant _____ Date of birth _____

Address _____

Proposed Modifications _____

I certify that the abovementioned applicant meets one of the following criteria and due to their disability would benefit from the proposed modifications:

- Has a physical or mental impairment that substantially limits one or more major life activities
- Has a record of a disability
- Is regarded as having a disability

Verifying Party's Name

Title

Company/Organization

Phone

Signature

Date

Housing Development
702 East Boulder Street, Colorado Springs, CO 80903
Phone: (719) 385-5912 Fax: (719) 632-0791 www.coloradosprings.gov/housing